



Alaska FACE

Occupational Injury Prevention Program
Section of Epidemiology
Division of Public Health
Department of Health and Social Services

Evaluation Form for FACE Report/Flyer: _____

	Please circle the number				
	Agree				Disagree
The report information is clear.	5	4	3	2	1
The report is comprehensive.	5	4	3	2	1
The recommendations are appropriate for your industry.	5	4	3	2	1
I would distribute this information to my employees.	5	4	3	2	1

Please use this space to suggest improvements to the written materials.

Do you have any other comments?

Your contribution to this effort is greatly appreciated

Please return to: PO Box 240249, Anchorage, AK, 99524-0249 or fax to: (907) 562-7802